

SAVE AFFIDAVIT

SYSTEMATIC ALIEN VERIFICATION OF ENTITLEMENT

O.C.G.A. § 50-36-1(e) (2) Affidavit

By executing this affidavit under oath, as an applicant for a deferred/forgivable loan through the **Special Purpose Home Repair Program**, as referenced in O.C.G.A. § 50-36-1, from DeKalb County Department of Human and Community Development, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) _____ I am a United States citizen.
- 2) _____ I am a legal permanent resident of the United States.
- 3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is:

_____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e) (1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

_____.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (City), _____ (State)

Signature

Date

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
___ DAY OF _____, 20___

NOTARY PUBLIC
My Commission Expires:

AUTHORIZATION TO RELEASE INFORMATION

Name: _____

Address: _____

Social Security #: _____

I hereby authorize **DeKalb County Department of Human and Community Development**, to obtain information regarding the following:

- Income
- Employment
- Mortgage/Loan Information

I understand that a credit bureau report may also be required for the Human and Community Development Department representatives to determine program eligibility and that an additional signed authorization may be required by a third party agency.

I understand that my authorization will remain in effect for one (1) year from the date of my signature, and that the information will be handled confidentially in compliance with all applicable laws.

I understand that I may see the information that is to be sent and that I may revoke this authorization at any time by written, dated communication.

I have read and understand the nature of this release.

Signature

Date

Printed Name (First Name, MI, Last Name)

Witness Signature

Printed Name (First Name, MI, Last Name)